

RECEIVED JAN-8 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

| | LEGISLATOR INFORMATION | |
|---|--|--|
| Name | | Office: |
| Mailing address Lossby Gills | | ☐ House ☐ Senate |
| I Mailing address | | District |
| 15 Toza Sket | | Phone |
| City, zip code | | Phone |
| Beefast | 09915 | Ze7-338-0711 |
| | | |
| PART 1. INCOMI | E DERIVED FROM EMPLOYMENT BY ANO | THER |
| List the name and address of each employer from economic activity of each employer. | m whom you received compensation of \$1,000 or | more. Specify the principal type of |
| Name of Employer | Address | Principal Type of Economic Activity of Employer |
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| DAPT 2 INC | OME DERIVED FROM SELF-EMPLOYMENT | |
| | Legislators who are self-employed.) | |
| A. List the name and address of your business, it associated with a partnership, firm, professional a entity. | f any, and list the major areas of economic activity association, or similar business entity, list the majo | from which you derived income. If ir areas of economic activity of that |
| Name and Address of Business Entity | Major Areas of Economic Activity (self) | Major Areas of Economic Activity (partnership, association or similar business entity) |
| Name: | | Popular de la marchine de un mere de production de marchine de la marchine del la marchine de la |
| Address: | | The state of the s |
| Name; | CONTROL CONTRO | TO THE SECOND SEC |
| Address: | | |
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| PART 2 (continued). INCOME DERIVED F | | П |
|---|--|--|
| (For Legislators who are self-e B. List each source of income derived from self-employment that represents r greater, and specify the principal type of economic activity of the entity or p disclosure is prohibited by law, rule, or an established code of professional eth entity or person from whom the income was derived. | nore than 10% of your gross erson from whom you derive | d such income. If this form of |
| Name and Address of Source | | Principal Type of Economic livity of Entity or Person Who is the Source of the Income |
| Name: Address: | we not containly by process to contain | |
| Name: Address: | | NOAM Mahdha 13 (13) William 13 (13) William 13 (13) William 13 (14) William 13 (14) William 13 (14) William 13 |
| PART 3. MAJOR AREAS O | | |
| (For Legislators who are attorneys List your major areas of practice. If associated with a law firm, list the major are | 2944 (April 1944 - 1944 | |
| Name and Address of Firm | Major Areas of Practice (self) | Major Areas of Practice (firm) |
| Name: Address: | | VITTLE VITTLE AND |
| Name: Address: | | |
| PART 4. OTHER SOURCES | | |
| List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this | s form. Do not include gifts. I | f none, check the box. |
| None | | |
| Name and Address of Source | | Kind of Income (investments, leases, etc.) |
| Name: Key beek | | |
| Name: Key beak Address: Cleveland Off | THE PROPERTY OF THE PROPERTY O | Pension |
| Name: Address: | Willed Provided Control of Contro | |
| PART 5. REPORTABLE LI | ABILITIES | |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that y areas of economic activity of each creditor. Do not list credit card liability or loa | rou received during the repoins from a relative. If none, ch | rting period, and list the major eck the box. |
| None | | n menenenen kilotat kantan kantan kentan kilotat kantan kilotat kantan kenenen kantan kilotat kilotat di Afrik |
| Name and Address of Creditor | | Principal Type of Economic Activity of Creditor |
| Name: Address: | -converse explanation and an account of the second | |
| Name: | CHIEF CHIEF CARLES CARLES THE CHIEF | 3385346 T G G G G G G G G G G G G G G G G G G |
| Address: | invitati | |

| PART 6 | . REPORTABLE GIFTS | | |
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| List the specific source of each gift of more than \$300. Including none, check the box. | ude gifts with an aggregate | value of more than \$300 from a single | source. If |
| None | CONTRACTOR OF THE PART OF THE PROPERTY OF THE PART | т 18 жини жини жини жини жини жини жини жин | ing dengthing denggambang tengtang pangkana yang denggang pelangang |
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| | which which the holds of the h | | St. St. St. State of the Control of the St. |
| | EPORTABLE HONORAR | | |
| List the source of any honoraria accepted for appearances or | speeches related to your le | gislative responsibilities. If none, check | (the box. |
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| 2. | 4. | | |
| PART 8 REPRESEN | TATION BEFORE STATE | AGENCIES | |
| List each executive branch agency before which you represent box. | | | , check the |
| ☑ None | 98 (And Human Chamaidh In Carlachaidh an Amhaidh an Amhaid Linn Aill Ann an Ann Aill Ann an Ann Air Aill Ann A An Ann Ann Ann Ann Ann Ann Ann An | $- \frac{1}{2} \left(\frac{1}{2}$ | Andrew Armed Andrew Sheet |
| Name of Agency | | Name of Agency | |
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| 2. | | The best of the State of the St | 424110000400000000000000000000000000000 |
| PART 9. BUSIN | IESS WITH STATE AGE | NCIES | |
| List each executive branch agency to which you or a memb | er of your immediate family | sold goods or services with a value in | n excess of |
| \$1,000 during the reporting period. If none, check the box. None | BRRUMAA (AMAAUH) WABBBUKANAARIYYEEDILAA BUUTUU WALAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | iruninininininininininininininininininin | ^^~4mawith/samsith/samson; 3 8szn-stv/nean |
| Name of Agency | | Name of Agency | pas de ll argel de ll déglis (Ar II se)s, inscri contribute le la descritor |
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| Annual design of the contract | \cdot 4. | and the second s | Chipirment, eyesetti hiyd arabinda tutti aydi Cagetti |
| C. | 4. | | |
| PART 10. INCOME RECEIV | ED BY MEMBERS OF IM | MEDIATE FAMILY | |
| List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not | d of income represented. If | e received by your spouse or domestic your spouse or domestic partner recei | partner or ved \$1,000 |
| Name of Spouse or Domestic Partner and Job Title | Type of Economic Activity Representing Source of Income Received | Relationship Kind of Incom | |
| Name: Mille Gills | 1. Drswance 2. Pantol | Spouse or Domestic 2. Next | E |
| Job Title: Oww | 3. | Partner 3. | |
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| If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income. | | Dependent Child | |
| Courty Cite and Officers | | Dependent Child | |

| ☐ None | | | | | |
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| and transfer the Companies to the months of the special State of STATES and STATES STATES STATES AND STATES STATES STATES AND STATES STATES STATES AND STATES STATES STATES STATES AND STATES ST | Organization/Business and Address | Title | Position Held By: | Family Member's Name | Compen- sated? |
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PART 11. OFFICER OR DIRECTOR POSITIONS